

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0014</u> <small>Code assigned by DOJ</small>		Type of Application: <u>License</u>	
Job Title or Type of License, Certification or Permit: <u>Chiropractic</u>			
Agency Address Set Contributing Agency:			
<u>Board of Chiropractic Examiners</u> <small>Agency authorized to receive criminal history information</small>		<u>09033</u> <small>Mail Code (five digit code assigned by DOJ)</small>	
<u>2525 Natomas Park Drive, Suite 260</u> <small>Street No. Street or P.O. Box</small>		<u>Licensing</u> <small>Contact Name (Mandatory for all school submissions)</small>	
<u>Sacramento</u> <small>City</small>	<u>CA</u> <small>State</small>	<u>95833-2931</u> <small>Zip Code</small>	<u>(916) 263-5355</u> <small>Contact Telephone No.</small>
Name of Applicant: _____ <small>(please print) Last First Middle</small>			
Alias: _____ <small>Last First</small>		Driver's License No. _____	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Misc. No. BIL - <u>Applicant Must Pay Fees</u> <small>Agency Billing Number (if applicable)</small>	
Height: _____ Weight: _____		Misc. No.: _____	
Eye Color: _____ Hair Color: _____		Home Address: _____ <small>Street or P.O. Box</small>	
Place of Birth: _____		_____ <small>City, State and Zip Code</small>	
SOC: _____			
Your Number: <u>N/A</u> <small>OCA No. (Agency Identifying No.)</small>		Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI	
If resubmission, list Original ATI No. _____			
Employer: (Additional response for agencies specified by statute)			
<u>N/A</u> <small>Employer Name</small>			
<u>N/A</u> <small>Street No. Street or P.O. Box</small>		<u>N/A</u> <small>Mail code (five digit code assigned by DOJ)</small>	
<u>N/A</u> <small>City State Zip Code</small>		<u>() N/A</u> <small>Agency Telephone No. (Optional)</small>	
Live Scan Transaction Completed By: _____ Date: _____ <small>Name of Operator</small>			
_____ <small>Transmitting Agency</small>		_____ <small>ATI No. Amount Collected/Billed</small>	

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ORIGINAL - Live Scan Operator; SECOND COPY - Board of Chiropractic Examiners; THIRD COPY-Applicant

BCII 8016 (Rev. 10/03)